

Report Year:

2010

12127

Ronald Reagan UCLA Medical Center

Los Angeles

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

12127

Facility Name:

Ronald Reagan UCLA Medical Center

Address:

757 Westwood Plaza

City:

Los Angeles

Hospital Owner/Licensee:

Regents of the University of California

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Richard Azar

Submission Date:

1/19/2011 2:56:25 PM

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Dentistry	757 Westwood Plaza	Remove	N/A		06/01/2008
02	Library Building	757 Westwood Plaza	Remove	N/A		06/01/2008
03	School of Medicine (East)	757 Westwood Plaza	Remove	N/A		06/01/2008
04	School of Medicine (West)	757 Westwood Plaza	Remove	N/A		06/01/2008
05	School of Public Health	757 Westwood Plaza	Remove	N/A		06/01/2008
06	Brain Research Institute	757 Westwood Plaza	Remove	N/A		06/01/2008
08	Medical Center	757 Westwood Plaza	Remove	N/A		06/01/2008
09	Outpatient Wing	757 Westwood Plaza	Remove	N/A		06/01/2008
10	Clinical Research	757 Westwood Plaza	Remove	N/A		06/01/2008
11	Marion Davies Children's Clinic	757 Westwood Plaza	Remove	N/A		06/01/2008
12	Jules Stein Eye Institute	757 Westwood Plaza	Remove	N/A		06/01/2008
13	CHS South Parking Structure	757 Westwood Plaza	Remove	N/A		06/01/2008
14	Emergency Services Building	757 Westwood Plaza	Remove	N/A		06/01/2008
15	Parking Structure "E"	757 Westwood Plaza	Remove	N/A		06/01/2008

Report Year:

2010

12127

Ronald Reagan UCLA Medical Center

Los Angeles

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Report Status: **Data Last Update:** 01/19/2011

Submission Date: 01/19/2011

Print Date: 1/20/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Dentistry

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adolescent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postpartum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/Imaging

☐ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation Therapy

☐ Administration

☐ Support Services

☐ Renal Dialysis

☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: Library Building

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric
Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical
Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 03

Building Name: School of Medicine (East)

Type of Service Provided

☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation Therapy

☐ Administration

☐ Renal Dialysis

☐ Support Services

☐ Outpatient Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 04

Building Name: School of Medicine (West)

Type of Service Provided
☐ Nursing Inpatient Beds Inpatient Days
☐ IntensiveCare Inpatient Beds Inpatient Days
☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days
☐ Psychiatric Nursing Inpatient Beds Inpatient Days
☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days
☐ Intermediate Care Inpatient Beds Inpatient Days
☐ Skilled Nursing Inpatient Beds Inpatient Days
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/
Imaging☐ Nuclear Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation Therapy☐ Administration☐ Renal Dialysis☐ Support Services☐ Outpatient Surgery☐ Obstetrical
Cesarean/Deliv☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 05

Building Name: School of Public Health

Type of Service Provided
☐ Nursing Inpatient Beds Inpatient Days
☐ IntensiveCare Inpatient Beds Inpatient Days
☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days
☐ Psychiatric Nursing Inpatient Beds Inpatient Days
☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days
☐ Intermediate Care Inpatient Beds Inpatient Days
☐ Skilled Nursing Inpatient Beds Inpatient Days
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/
WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/
Imaging☐ Nuclear
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation
Therapy☐ Administration☐ Renal Dialysis☐ Support
Services☐ Outpatient
Surgery☐ Obstetrical
Cesarean/Deliv☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 06

Building Name: Brain Research Institute

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 07

Building Name: Neuropsychiatric Institute

Type of Service Provided

☐ Nursing Inpatient Beds 11 Inpatient Days 3246

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 11

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☒ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 08

Building Name: Medical Center

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 09

Building Name: Outpatient Wing

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 10

Building Name: Clinical Research

Type of Service Provided
☐ Nursing Inpatient Beds Inpatient Days
☐ IntensiveCare Inpatient Beds Inpatient Days
☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days
☐ Psychiatric Nursing Inpatient Beds Inpatient Days
☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days
☐ Intermediate Care Inpatient Beds Inpatient Days
☐ Skilled Nursing Inpatient Beds Inpatient Days
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/
Imaging☐ Nuclear Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation Therapy☐ Administration☐ Renal Dialysis☐ Support Services☐ Outpatient Surgery☐ Obstetrical Cesarean/Deliv☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 11

Building Name: Marion Davies Children's Clinic

Type of Service Provided
☐ Nursing Inpatient Beds Inpatient Days
☐ IntensiveCare Inpatient Beds Inpatient Days
☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days
☐ Psychiatric Nursing Inpatient Beds Inpatient Days
☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days
☐ Intermediate Care Inpatient Beds Inpatient Days
☐ Skilled Nursing Inpatient Beds Inpatient Days
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/
Imaging☐ Nuclear Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation Therapy☐ Administration☐ Renal Dialysis☐ Support Services☐ Outpatient Surgery☐ Obstetrical
Cesarean/Deliv☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 12

Building Name: Jules Stein Eye Institute

Type of Service Provided
☐ Nursing Inpatient Beds Inpatient Days
☐ IntensiveCare Inpatient Beds Inpatient Days
☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days
☐ Psychiatric Nursing Inpatient Beds Inpatient Days
☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days
☐ Intermediate Care Inpatient Beds Inpatient Days
☐ Skilled Nursing Inpatient Beds Inpatient Days
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/
WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/
Imaging☐ Nuclear
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation
Therapy☐ Administration☐ Renal Dialysis☐ Support
Services☐ Outpatient
Surgery☐ Obstetrical
Cesarean/Deliv☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 13

Building Name: CHS South Parking Structure

Type of Service Provided
☐ Nursing Inpatient Beds Inpatient Days
☐ IntensiveCare Inpatient Beds Inpatient Days
☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days
☐ Psychiatric Nursing Inpatient Beds Inpatient Days
☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days
☐ Intermediate Care Inpatient Beds Inpatient Days
☐ Skilled Nursing Inpatient Beds Inpatient Days
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/
WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/
Imaging☐ Nuclear
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation
Therapy☐ Administration☐ Renal Dialysis☐ Support
Services☐ Outpatient
Surgery☐ Obstetrical
Cesarean/Deliv☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 14

Building Name: Emergency Services Building

Type of Service Provided
☐ Nursing Inpatient Beds Inpatient Days
☐ IntensiveCare Inpatient Beds Inpatient Days
☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days
☐ Psychiatric Nursing Inpatient Beds Inpatient Days
☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days
☐ Intermediate Care Inpatient Beds Inpatient Days
☐ Skilled Nursing Inpatient Beds Inpatient Days

 Total Beds this Building
☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/Imaging

☐ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation Therapy

☐ Administration

☐ Renal Dialysis

☐ Support Services

☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 15

Building Name: Parking Structure "E"

Type of Service Provided
☐ Nursing Inpatient Beds Inpatient Days
☐ IntensiveCare Inpatient Beds Inpatient Days
☐ Pediatric/Adol
escent Inpatient Beds Inpatient Days
☐ Psychiatric Nursing Inpatient Beds Inpatient Days
☐ Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days
☐ Intermediate Care Inpatient Beds Inpatient Days
☐ Skilled Nursing Inpatient Beds Inpatient Days
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/
WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/
Imaging☐ Nuclear
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation
Therapy☐ Administration☐ Renal Dialysis☐ Support
Services☐ Outpatient
Surgery☐ Obstetrical
Cesarean/Deliv☐ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Dentistry

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02

Building Name: Library Building

Medical / Surgical (Include GYN)

Inpatient Bed 0 Inpatient Days 0

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 0 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

0

Total Beds this Building Per Service

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

03

Building Name:

School of Medicine (East)

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

04

Building Name:

School of Medicine (West)

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

05

Building Name:

School of Public Health

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 06

Building Name: Brain Research Institute

Medical / Surgical (Include GYN)

Inpatient Bed 0 Inpatient Days 0

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 0 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

0

Total Beds this Building Per Service

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

07

Building Name:

Neuropsychiatric Institute

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

11

Inpatient
Days

3246

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

11

**Total Beds this
Building Per
Service**

11

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 08

Building Name: Medical Center

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 09

Building Name: Outpatient Wing

Medical / Surgical (Include GYN)

Inpatient Bed 0 Inpatient Days 0

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 0 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

0

Total Beds this Building Per Service

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

10

Building Name:

Clinical Research

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

11

Building Name:

Marion Davies Children's Clinic

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

12

Building Name:

Jules Stein Eye Institute

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

13

Building Name:

CHS South Parking Structure

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

14

Building Name:

Emergency Services Building

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

15

Building Name:

Parking Structure "E"

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Dentistry	X
02	Library Building	X
03	School of Medicine (East)	X
04	School of Medicine (West)	X
05	School of Public Health	X
06	Brain Research Institute	X
07	Neuropsychiatric Institute	X
08	Medical Center	X
09	Outpatient Wing	X
10	Clinical Research	X
11	Marion Davies Children's Clinic	X
12	Jules Stein Eye Institute	X
13	CHS South Parking Structure	X
14	Emergency Services Building	X
15	Parking Structure "E"	X



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Ronald Reagan UCLA Medical Center

Los Angeles

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List ALL proposed new buildings to be constructd at this or another site.

Building
Number

Building Name

New
Site

N_1

Ronald Reagan UCLA Medical Center

X

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

01

Building
Name:

Dentistry

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

01

Building
Name:

Dentistry

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

01

Building
Name:

Dentistry

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

02

Building
Name:

Library Building

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds

☐ IntensiveCare Inpatient Beds

☐ Pediatric/Adol
escent Inpatient Beds

☐ Psychiatric Inpatient
Nursing Beds

☐ Obstetrical Inpatient
Ante/Postprtum Beds

☐ Intermediate Inpatient
Care Beds

☐ Skilled Nursing Inpatient
Beds

Total Beds this
Building

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

02

Building
Name:

Library Building

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

02

Building
Name:

Library Building

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

03

Building
Name:

School of Medicine (East)

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐

Nursing

Inpatient
Beds

0

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☐

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☐

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

03

Building
Name:

School of Medicine (East)

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐

Nursing

Inpatient
Beds

0

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☐

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☐

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

03

Building
Name:

School of Medicine (East)

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

04

Building
Name:

School of Medicine (West)

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

04

Building
Name:

School of Medicine (West)

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐

Nursing

Inpatient
Beds

0

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☐

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☐

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

04

Building
Name:

School of Medicine (West)

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

05

Building
Name:

School of Public Health

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

05

Building
Name:

School of Public Health

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐

Nursing

Inpatient
Beds

0

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☐

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☐

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

05

Building
Name:

School of Public Health

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

06

Building
Name:

Brain Research Institute

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds

☐ IntensiveCare Inpatient Beds

☐ Pediatric/Adol
escent Inpatient Beds

☐ Psychiatric Inpatient
Nursing Beds

☐ Obstetrical Inpatient
Ante/Postprtum Beds

☐ Intermediate Inpatient
Care Beds

☐ Skilled Nursing Inpatient
Beds

Total Beds this
Building

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

06

Building
Name:

Brain Research Institute

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds

☐ IntensiveCare Inpatient Beds

☐ Pediatric/Adol
escent Inpatient Beds

☐ Psychiatric Inpatient
Nursing Beds

☐ Obstetrical Inpatient
Ante/Postprtum Beds

☐ Intermediate Inpatient
Care Beds

☐ Skilled Nursing Inpatient
Beds

Total Beds this
Building

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

06

Building
Name:

Brain Research Institute

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

07

Building
Name:

Neuropsychiatric Institute

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐

Nursing

Inpatient
Beds

11

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

11

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☒

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☐

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

07

Building
Name:

Neuropsychiatric Institute

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

11

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

11

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☒ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

07

Building
Name:

Neuropsychiatric Institute

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐

Nursing

Inpatient
Beds

11

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

11

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☒

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☐

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

08

Building
Name:

Medical Center

Year of
Information:

2008

Information Current As
Of:

06/01/2008

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

08

Building
Name:

Medical Center

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided



Nursing

Inpatient
Beds

0



IntensiveCare

Inpatient
Beds

0

Pediatric/Adol
escentInpatient
Beds

0

Psychiatric
NursingInpatient
Beds

0

Obstetrical
Ante/PostprtumInpatient
Beds

0

Intermediate
CareInpatient
Beds

0



Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0



Surgical



Anesthesia



Clinical Lab

Radiological/
Imaging

Pharmaceutical



Dietetic



Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear
MedicineRehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

08

Building
Name:

Medical Center

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided



Nursing

Inpatient
Beds

0



IntensiveCare

Inpatient
Beds

0



Pediatric/Adol
escent

Inpatient
Beds

0



Psychiatric
Nursing

Inpatient
Beds

0



Obstetrical
Ante/Postprtum

Inpatient
Beds

0



Intermediate
Care

Inpatient
Beds

0



Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0



Surgical



Anesthesia



Clinical Lab



Radiological/
Imaging



Pharmaceutical



Dietetic



Administration



Obstetrical
Cesarean/Deliv



Obstetrical
Recovery



Newborn/
WellBaby



Emergency



Nuclear
Medicine



Rehabilitation
Therapy



Renal Dialysis



Outpatient
Surgery



Central Plant



Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

09

Building
Name:

Outpatient Wing

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

09

Building
Name:

Outpatient Wing

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

09

Building
Name:

Outpatient Wing

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

10

Building
Name:

Clinical Research

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

10

Building
Name:

Clinical Research

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

10

Building
Name:

Clinical Research

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐

Nursing

Inpatient
Beds

0

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☐

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☐

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

11

Building
Name:

Marion Davies Children's Clinic

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds

☐ IntensiveCare Inpatient Beds

☐ Pediatric/Adol
escent Inpatient Beds

☐ Psychiatric Inpatient
Nursing Beds

☐ Obstetrical Inpatient
Ante/Postprtum Beds

☐ Intermediate Inpatient
Care Beds

☐ Skilled Nursing Inpatient
Beds

Total Beds this
Building

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

11

Building
Name:

Marion Davies Children's Clinic

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

11

Building
Name:

Marion Davies Children's Clinic

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

12

Building
Name:

Jules Stein Eye Institute

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ NursingInpatient
Beds

0

☐ IntensiveCareInpatient
Beds

0

☐ Pediatric/Adol
escentInpatient
Beds

0

☐ Psychiatric
NursingInpatient
Beds

0

☐ Obstetrical
Ante/PostprtumInpatient
Beds

0

☐ Intermediate
CareInpatient
Beds

0

☐ Skilled NursingInpatient
Beds

0

Total Beds this
Building

0

☐ Surgical☐ Anesthesia☐ Clinical Lab☐ Radiological/
Imaging☐ Pharmaceutical☐ Dietetic☐ Administration☐ Obstetrical
Cesarean/Deliv☐ Obstetrical
Recovery☐ Newborn/
WellBaby☐ Emergency☐ Nuclear
Medicine☐ Rehabilitation
Therapy☐ Renal Dialysis☐ Outpatient
Surgery☐ Central Plant☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

12

Building
Name:

Jules Stein Eye Institute

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

12

Building
Name:

Jules Stein Eye Institute

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐

Nursing

Inpatient
Beds

0

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☐

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☐

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

13

Building
Name:

CHS South Parking Structure

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds

☐ IntensiveCare Inpatient Beds

☐ Pediatric/Adol
escent Inpatient Beds

☐ Psychiatric Inpatient
Nursing Beds

☐ Obstetrical Inpatient
Ante/Postprtum Beds

☐ Intermediate Inpatient
Care Beds

☐ Skilled Nursing Inpatient
Beds

Total Beds this
Building

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

13

Building
Name:

CHS South Parking Structure

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

13

Building
Name:

CHS South Parking Structure

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

14

Building
Name:

Emergency Services Building

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds

☐ IntensiveCare Inpatient Beds

☐ Pediatric/Adol
escent Inpatient Beds

☐ Psychiatric Inpatient
Nursing Beds

☐ Obstetrical Inpatient
Ante/Postprtum Beds

☐ Intermediate Inpatient
Care Beds

☐ Skilled Nursing Inpatient
Beds

Total Beds this
Building

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

14

Building
Name:

Emergency Services Building

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds

☐ IntensiveCare Inpatient Beds

☐ Pediatric/Adol
escent Inpatient Beds

☐ Psychiatric Inpatient
Nursing Beds

☐ Obstetrical Inpatient
Ante/Postprtum Beds

☐ Intermediate Inpatient
Care Beds

☐ Skilled Nursing Inpatient
Beds

Total Beds this
Building

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

14

Building
Name:

Emergency Services Building

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

15

Building
Name:

Parking Structure "E"

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ NursingInpatient
Beds

0

☐ IntensiveCareInpatient
Beds

0

☐ Pediatric/Adol
escentInpatient
Beds

0

☐ Psychiatric
NursingInpatient
Beds

0

☐ Obstetrical
Ante/PostprtumInpatient
Beds

0

☐ Intermediate
CareInpatient
Beds

0

☐ Skilled NursingInpatient
Beds

0

Total Beds this
Building

0

☐ Surgical☐ Anesthesia☐ Clinical Lab☐ Radiological/
Imaging☐ Pharmaceutical☐ Dietetic☐ Administration☐ Obstetrical
Cesarean/Deliv☐ Obstetrical
Recovery☐ Newborn/
WellBaby☐ Emergency☐ Nuclear
Medicine☐ Rehabilitation
Therapy☐ Renal Dialysis☐ Outpatient
Surgery☐ Central Plant☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

15

Building
Name:

Parking Structure "E"

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ NursingInpatient
Beds

0

☐ IntensiveCareInpatient
Beds

0

☐ Pediatric/Adol
escentInpatient
Beds

0

☐ Psychiatric
NursingInpatient
Beds

0

☐ Obstetrical
Ante/PostprtumInpatient
Beds

0

☐ Intermediate
CareInpatient
Beds

0

☐ Skilled NursingInpatient
Beds

0

Total Beds this
Building

0

☐ Surgical☐ Anesthesia☐ Clinical Lab☐ Radiological/
Imaging☐ Pharmaceutical☐ Dietetic☐ Administration☐ Obstetrical
Cesarean/Deliv☐ Obstetrical
Recovery☐ Newborn/
WellBaby☐ Emergency☐ Nuclear
Medicine☐ Rehabilitation
Therapy☐ Renal Dialysis☐ Outpatient
Surgery☐ Central Plant☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

15

Building
Name:

Parking Structure "E"

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds

☐ IntensiveCare Inpatient Beds

☐ Pediatric/Adol
escent Inpatient Beds

☐ Psychiatric Inpatient
Nursing Beds

☐ Obstetrical Inpatient
Ante/Postprtum Beds

☐ Intermediate Inpatient
Care Beds

☐ Skilled Nursing Inpatient
Beds

Total Beds this
Building

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#)

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#)

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\(C\)](#)

Building Number:

10

Clinical Research

Removal
Date:

06/01/2008

Planned Uses for the building to be removed from acute care service:

Planned use for building:

Clinic

Jurisdiction:

Local Authority

Inpatient services currently delivered in the building:

☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐Intermediate
Care☐

Dietetic

☐Nuclear
Medicine☐Support
Services☐

Skilled Nursing

☐

Administration

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#)

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#)

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\)\(C\)](#)

Building Number:

12

Jules Stein Eye Institute

Removal
Date:

06/01/2008

Planned Uses for the building to be removed from acute care service:

Planned use for building:

Clinic

Jurisdiction:

Local Authority

Inpatient services currently delivered in the building:

☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐Intermediate
Care☐

Dietetic

☐Nuclear
Medicine☐Support
Services☐

Skilled Nursing

☐

Administration

Report Year:

2010

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Los Angeles

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Report whether the general acute care services and beds will be relocated to a new or retrofitted building and any corresponding building sites or project numbers per [Section 130061\(c\)\(2\)\(E\)](#)

Building
Number:

07

Building Name:

Neuropsychiatric Institute

Will general acute care services and beds will be relocated to a new or retrofitted building?

Nursing

N/A

Building
Number:

07

Building Name:

Neuropsychiatric Institute

Will general acute care services and beds will be relocated to a new or retrofitted building?

Rehabilitation
Therapy

N/A

Building
Number:

07

Building Name:

Neuropsychiatric Institute

Will general acute care services and beds will be relocated to a new or retrofitted building?

Rehabilitation
Center

N/A

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2010

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Nursing

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Intensive Care

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Pediatric Adolescent

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Psychiatric Nursing

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

12127

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Obstetrical Ante
Postpartum

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Surgical

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Anesthesia

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

ClinicalLab

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Radiological/Imaging

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Pharmaceutical

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

12127

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Dietetic

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Administration

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

12127

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Support Services

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Obstetrical
Cesarean/Deliv

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

12127

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Obstetrical Recovery

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Newborn/Well Baby

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Emergency

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Rehabilitation
Therapy

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL081736	0	DECOMMISSIONING OF THE CHS COMPLEX (BLGS 01-15), EXCLUDING NPIH (BLDG 07)	08/26/2008	09/15/2008	11/12/2008	11/12/2008	CLSD
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building Number: 08 Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Renal Dialysis Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building Number: 08 Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

CentralPlant Relocated to new & other Building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

12127

Ronald Reagan UCLA Medical Center

Los Angeles

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Medical/Surgical
(Include GYN)

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Perinatal (exclude
Newborn / GYN))

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

12127

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Pediatric

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Intensive Care

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building Number: 08 Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Coronary Care) Relocated to new building

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Building Number: 08 Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Intensive Care Newborn Nursery Relocated to new building

Facility Status	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

12127

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Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Rehabilitation
Center

Removed from hospital services

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL081736	0	DECOMMISSIONING OF THE CHS COMPLEX (BLGS 01-15), EXCLUDING NPIH (BLDG 07)	08/26/2008	09/15/2008	11/12/2008	11/12/2008	CLSD

Building
Number:

08

Building Name: Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Acute Psychiatric

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report Year:

2010

12127

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Building
Number:

08

Building Name:

Medical Center

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Intermediate Care

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
12127	HL981912	0	UCLA - WESTWOOD REPLACEMENT HOSPITAL	10/28/1998	10/03/2000	04/06/2001	12/23/2008	CLSD

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Dentistry

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

Library Building

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

03

Building Name:

School of Medicine (East)

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

04

Building Name:

School of Medicine (West)

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

05

Building Name:

School of Public Health

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

06

Building Name:

Brain Research Institute

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

07

Building Name:

Neuropsychiatric Institute

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

08

Building Name:

Medical Center

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

09

Building Name:

Outpatient Wing

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

10

Building Name:

Clinical Research

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

11

Building Name:

Marion Davies Children's Clinic

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

12

Building Name:

Jules Stein Eye Institute

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

13

Building Name:

CHS South Parking Structure

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

14

Building Name:

Emergency Services Building

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

15

Building Name:

Parking Structure "E"

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Dentistry

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Library Building

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

School of Medicine (East)

Configuration
:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

School of Medicine (West)

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

05

Building Name:

School of Public Health

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

06

Building Name:

Brain Research Institute

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

07

Building Name:

Neuropsychiatric Institute

Configuration
:

Remove from GAC service by 1/1/2013

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

08

Building Name:

Medical Center

Configuration
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

09

Building Name:

Outpatient Wing

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Administration

☐

Skilled Nursing

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Building Number:

10

Building Name:

Clinical Research

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support
Services

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Building Number:

11

Building Name:

Marion Davies Children's Clinic

Configuration
:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

12

Building Name:

Jules Stein Eye Institute

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

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Building Number:

13

Building Name:

CHS South Parking Structure

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

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☐

Central Plant

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Ante/Postprtum☐

Pharmaceutical

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Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

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Building Number:

14

Building Name:

Emergency Services Building

Configuration
:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

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WellBaby☐Outpatient
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Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

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Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

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Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

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Building Number:

15

Building Name:

Parking Structure "E"

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

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Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration